CITY OF SEATTLE STUDENT INTERN APPLICATION PERSONNEL DEPARTMENT CONTINGENT WORKFORCE PROGRAMS



APPLICATION FOR:			Municipal Government Internship (Graduate students) Cooperative Internship (Undergraduate students)		
Last Name		_ First	Mio	ddle	
Mailing Address					
City/State		_Zip	Phone		
E-Mail Address					
. School 2. Expec		2. Expected Gr	ted Graduation Date		
3. Major		4. Class (Freshman, Soph., etc.)			
5. If a graduate student, y	our undergraduat	e degree(s)			
☐ Enrolling in classes each registered for fall quart ☐ Enrolling in a Coopera ☐ Other (please explain) Have you ever been employed but If yes, please complete below:	er/semester), tive Education/In	ternship Program		-	
Dates of Employment: From _			To		
Under what name?			_ Job Title		
Department					
Status: Permanent Intern: Municipal Reason for leaving: Resigne	d □Quit	Temporary Cooperative ☐ Laid Off	☐ Work Study ☐ High School ☐ Dismissed	☐ Still Employed	
I hereby certify that the informa misrepresentation and is true to statement, my application may be Employment.	the best of my knowl	ledge. I understand	that if future investigation	shows misrepresentation or false	
Signature			Date		